


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Please type a plus sign (+) inside this box  Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No. 678-565 (P9615)	
	First Inventor Chu ng-Seok Han	
	Title Method of Recovering Dropped Call in Mobile...	
	Express Mail Label No. EL776821915US	

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 14] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>5. Oath or Declaration [Total Pages]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 17 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Other:	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information. Examiner _____ Group I Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

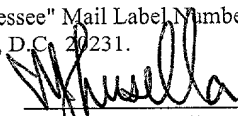
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label			or <input checked="" type="checkbox"/> Correspondence address below		
(Insert Customer No. or Attach bar code label here)					
Name	Paul J. Farrell				
Address	Dilworth & Barrese, LLP 333 Earle Ovington Blvd.				
City	Uniondale	State	NY	Zip Code	11553
Country	U.S.	Telephone	(516) 228-8484	Fax	(516) 228-8516

Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494
Signature		Date	December 7, 2000

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL776821915US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

Dated: December 7, 2000


Michael J. Musella

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 870.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Chung-Seok Han
Examiner Name	
Group Art Unit	
Attorney Docket No.	678-565 (P9615)

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 04-1121
Deposit Account Name Dilworth & Barrese, LLP

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	\$710.00
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 710.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
10	-20** = 0	18	\$0
5	-3** = 2	80	\$160
Multiple Dependent		270	\$0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 160.00)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Paul J. Farrell	Registration No. (Attorney/Agent)	33,494	Telephone	(516) 228-8484
Signature		Date	December 7, 2000		

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL776821915US addressed to: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Dated: December 7, 2000

 Michael J. Musella

PATENT

Atty. Docket No. 678-565 (P9615)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Assistant Commissioner
for Patents
Washington, D.C. 20231

UTILITY APPLICATION FEE TRANSMITTAL

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Chung-Seok Han

For: METHOD OF RECOVERING DROPPED CALL IN MOBILE
COMMUNICATION SYSTEM

Enclosed are:

☒ 10 page(s) of specification

☒ 1 page(s) of Abstract

☒ 3 page(s) of claims

☒ 3 sheets of drawings ☒ formal ☐ informal

☐ _____ page(s) of Declaration and Power of Attorney

☐ An Assignment of the invention to _____

CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date December 7, 2000 in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EL776821915US addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Michael J. Musella

(Type or print name of person mailing paper)


(Signature of person mailing paper)

Parameter	Unit	Value	Standard Error	t-value	p-value
Intercept		1.000	0.000	1.000	0.000
Age	Year	0.000	0.000	0.000	0.000
Gender		0.000	0.000	0.000	0.000
Marital Status		0.000	0.000	0.000	0.000
Education	Year	0.000	0.000	0.000	0.000
Income	Year	0.000	0.000	0.000	0.000
Health		0.000	0.000	0.000	0.000
Religion		0.000	0.000	0.000	0.000
Occupation		0.000	0.000	0.000	0.000
Residence		0.000	0.000	0.000	0.000
Time	Year	0.000	0.000	0.000	0.000
Time Squared	Year	0.000	0.000	0.000	0.000
Time Cubed	Year	0.000	0.000	0.000	0.000
Time Quart	Year	0.000	0.000	0.000	0.000
Time Quint	Year	0.000	0.000	0.000	0.000
Time Sext	Year	0.000	0.000	0.000	0.000
Time Sept	Year	0.000	0.000	0.000	0.000
Time Oct	Year	0.000	0.000	0.000	0.000
Time Eleventh	Year	0.000	0.000	0.000	0.000
Time Twelfth	Year	0.000	0.000	0.000	0.000
Time Thirteenth	Year	0.000	0.000	0.000	0.000
Time Fourteenth	Year	0.000	0.000	0.000	0.000
Time Fifteenth	Year	0.000	0.000	0.000	0.000
Time Sixteenth	Year	0.000	0.000	0.000	0.000
Time Seventeenth	Year	0.000	0.000	0.000	0.000
Time Eighteenth	Year	0.000	0.000	0.000	0.000
Time Nineteenth	Year	0.000	0.000	0.000	0.000
Time Twentieth	Year	0.000	0.000	0.000	0.000
Time Twenty-first	Year	0.000	0.000	0.000	0.000
Time Twenty-second	Year	0.000	0.000	0.000	0.000
Time Twenty-third	Year	0.000	0.000	0.000	0.000
Time Twenty-fourth	Year	0.000	0.000	0.000	0.000
Time Twenty-fifth	Year	0.000	0.000	0.000	0.000
Time Twenty-sixth	Year	0.000	0.000	0.000	0.000
Time Twenty-seventh	Year	0.000	0.000	0.000	0.000
Time Twenty-eighth	Year	0.000	0.000	0.000	0.000
Time Twenty-ninth	Year	0.000	0.000	0.000	0.000
Time Thirtieth	Year	0.000	0.000	0.000	0.000
Time Thirty-first	Year	0.000	0.000	0.000	0.000
Time Thirty-second	Year	0.000	0.000	0.000	0.000
Time Thirty-third	Year	0.000	0.000	0.000	0.000
Time Thirty-fourth	Year	0.000	0.000	0.000	0.000
Time Thirty-fifth	Year	0.000	0.000	0.000	0.000
Time Thirty-sixth	Year	0.000	0.000	0.000	0.000
Time Thirty-seventh	Year	0.000	0.000	0.000	0.000
Time Thirty-eighth	Year	0.000	0.000	0.000	0.000
Time Thirty-ninth	Year	0.000	0.000	0.000	0.000
Time Fortieth	Year	0.000	0.000	0.000	0.000
Time Forty-first	Year	0.000	0.000	0.000	0.000
Time Forty-second	Year	0.000	0.000	0.000	0.000
Time Forty-third	Year	0.000	0.000	0.000	0.000
Time Forty-fourth	Year	0.000	0.000	0.000	0.000
Time Forty-fifth	Year	0.000	0.000	0.000	0.000
Time Forty-sixth	Year	0.000	0.000	0.000	0.000
Time Forty-seventh	Year	0.000	0.000	0.000	0.000
Time Forty-eighth	Year	0.000	0.000	0.000	0.000
Time Forty-ninth	Year	0.000	0.000	0.000	0.000
Time Fiftieth	Year	0.000	0.000	0.000	0.000
Time Fifty-first	Year	0.000	0.000	0.000	0.000
Time Fifty-second	Year	0.000	0.000	0.000	0.000
Time Fifty-third	Year				

FILING DATE

Filed

December 7, 1999

[X] will follow.

For	Number Filed	Number Extra	Rate	Basic Fee \$710.00
TOTAL CLAIMS	10	0	x 18 =	\$0
INDEPENDENT CLAIMS	5	2	x 80 =	\$160.00
□ Multiple Dep. Claim	0		270	\$0
		TOTAL\$870.00		

*Includes all independent and single dependent claims and all claims referred to in multiple claims. See 37 C.F.R. § 1.75(c).


☐ The amount of \$40.00 for recording the attached Assignment is enclosed as a separate check.

☒ Check in the amount of \$870.00 to cover the ☐ recording, ☒ filing fee(s) are attached.

☐ Charge fee to Deposit Account No. 04-1121. Order No. _____
TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and 1.17, at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 04-1121. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 04-1121 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Date: December 7, 2000



Paul J. Farrell
Reg. No. 33,494

DILWORTH & BARRESE
333 Earle Ovington Blvd.
Uniondale, NY 11553
Tel. No. (516) 228-8484
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